

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/665,065
	Filing Date	09/19/2000
	First Named Inventor	Kamel Shaath
	Art Unit	3626
	Examiner Name	GILLIGAN, CHRISTOPHER L
	Attorney Docket Number	0002-00006 US CI

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **94979**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

94979

OR

☐ Firm or
Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Mr. Kamel Shaath, Chief Technology Officer, KOM Networks, Inc.

Date

4/20/2011

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐

*Total of _____ forms are submitted.